

FILED

JAN 21 2015

Myra A. Eldridge**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4)**Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.**IS THIS AN AMENDMENT?** ☐ Yes ☒ No**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)

☐ Check if this is a new name*Frank Lloyd For Clark*

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 388 9225

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address*4461 Sylvan Rd*

5. City, State, ZIP Code

Indianapolis, IN 46228

6. Party Affiliation (if applicable)

*Dem***CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

10. County of Residence

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other☒ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)**CONVENTION CANDIDATES ONLY**

Check one:

☐ Pre-Convention☐ Post-Convention

12. Reporting Period:

From: *11-25-13*Through: *1-21-15*COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

FOR OFFICE USE ONLY

Received Time Jan. 21. 2015 11:43AM No. 7776

Opt-Out: +


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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>cards</u>		5.00	12/19
Code _____	clerk	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>ice drink</u>		5.00	2/14
Code _____	"/	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____	"/	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>posters</u>		1,000	
Code _____	"/	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>stapling pen</u>		6,000	
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>driveway</u>		1,000	
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Advert.</u>		873.00	
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 5973		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



Marion County Coroner's Office
521 W McCarty St, Indianapolis, IN 46225
Tel: (317) 327-4744; Fax: (317) 327-4563

FAX

DATE:	Jan. 21, 2015
ATTN:	1-317-327-4815@fax.indy.gov
PAGES	3
FROM:	"England, Carrie"
SUBJECT:	Receipts and Expenditures Form

Note:

From Frank P. Lloyd Jr., M.D.

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